



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

The MEGA Life and Health Insurance Company														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	298	298
PR	2011	0	0	296	0	298	301	0	0	301	0	0	301	1497
PR	2012	0	0	302	0	0	302	0	0	302				906
ME	2009	0	0	0	0	0	0	0	0	0	0	0	37,047	37047
ME	2010	0	0	0	0	0	0	0	0	0	0	0	24,519	24519
ME	2011	5,062	21,094	19,762	19,597	19,435	19,311	19,299	19,183	18,768	17,959	16,886	15,761	212,117
ME	2012	15,704	15,668	15,638	15,623	15,566	15,523	15,492	15,453	15,378	15,362			155,407
PV	2011	68,721	68,721	68,721	71,335	71,335	71,335	70,981	70,981	70,981	72,234	72,234	72,234	849,813
PV	2012	71,507	71,806	72,111	71,925	72,457	72,558	72,928	72,659	72,690	72,711			723,352
MC	2008	7,861	8,277	10,981	9,151	9,152	9,312	15,244	10,956	9,123	8,137	8,436	11,845	118,475
MC	2009	844	4,610	8,694	6,819	6,245	5,965	5,646	7,628	7,918	10,695	7,163	7,349	79576
MC	2010	5,060	4,704	4,761	5,259	5,273	3,958	4,152	4,783	4,197	3,582	3,280	3,977	52,986
MC	2011	3,459	3,999	4,499	4,794	3,294	2,868	3,239	3,681	2,413	2,261	2,400	2,526	39,433
MC	2012	2,964	2,263	2,075	1,354	2,131	1,384	951	974	711	832			15,639
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0			0
DC	2008	544	659	654	686	746	720	660	483	599	749	525	512	7537
DC	2009	531	491	480	481	476	480	438	314	299	245	190	298	4723
DC	2010	333	298	279	234	256	207	184	218	245	216	191	188	2849
DC	2011	162	184	246	160	160	127	125	195	105	111	88	118	1781
DC	2012	105	95	149	162	120	91	80	112	92	101			1107

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









